

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 12470
Application ID: 09682606
Title of Invention: Pugilist Corner Mat System
First Named Inventor: John English
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-09-26 
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: ENG-01
Digital Certificate Holder: cn=Daniel N. Lundeen, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest: v4fedsJqKQmrhm7Dj9Elcg==
Total Fees Authorized: \$391.0

Payment Category: DA – Deposit Account
Deposit Account Number: 501285
Deposit Account Name: Daniel N. Lundeen

TRANSMITTAL FORM

JC474 U.S. PRO
09/682606
09/26/01



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: ENG-01

Pugilist Corner Mat System

First Named Inventor: Mr. John English

SUBMITTED BY

Name: Mr. David B. Dickinson
Registration Number: 47525
Electronic Signature Mark: /s/ Date Signed: 20010926

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	english-01apds.xml
fee-transmittal	english-01fee.xml
specification	englishpatapp.xml
declaration	dpoa.tif

Attached Image File(s):

dpoa.tif

Comments:

09/26/2001 11:13 7134667552
713-652-2556

HORIZONTAL TECH
LUNDEEN & ARISMENDI

DECLARATION AND POWER OF ATTORNEY

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and sole inventor (if two or more names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **CORNER MAT SYSTEM** the specification of which:

is attached hereto.
 was filed on: _____, as Application Serial No. _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims thereto.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 35 U.S.C. §1.56(a) and 37 CFR §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application or certificate of addition listed below and have also identified below any foreign application for patent or invention or certificate of addition filed before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S):

Priority Claimed	Number	Country	Date Filed
Yes/No			
Yes/No			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below. I acknowledge the duty to disclose material information in accordance with 35 U.S.C. §1.56(a) and 37 CFR §1.56(a) which occurred between the filing date of the prior application and the international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business with the Patent and Trademark Office connected therewith, with full power of substitution and revocation:

Name	Registration No.	Address Telephone Calls and Correspondence to:
Daniel N. Lundein	31,177	David B. Dickinson
A.M. (Andy) Arismendi, Jr.	31,715	Lundein & Arismendi, L.L.P.
David B. Dickinson	47,525	P.O. Box 131144
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I hereby declare that all statements made of my own knowledge are true and that all statements made on my behalf are believed to be true and further that these statements were made with the knowledge that willful false statements are illegal.

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 391

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 501285



Deposit Account Name: Lundeen & Arismendi, LLP

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Daniel N. Lundeen

Electronic Signature Mark: /s/

Date Signed: 20010926

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 24	203	\$ 9	4	\$ 36
Independent Claims: 3	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 36